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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XV. HALIFAX, NOVA SCOTIA, JULY, 1903. No. 7.

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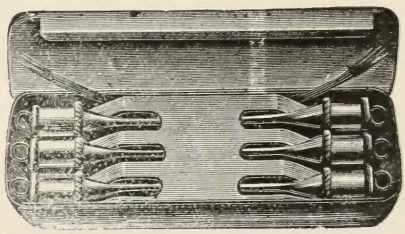

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VOL. XV. HALIFAX, N. S., JULY, 1903. No. 7.

Original Communications.

PRESIDENTIAL ADDRESS*

BY J. J. CAMERON, M. D., Antigonish, N. S.

GENTLEMEN,—I believe it is a time-honored duty of the President of this Society to deliver an annual address. I am afraid that on this occasion the duties were more honored in the breach than in the performance. However, I shall not detain you long, for I assure you it is with feelings of trepidation that I undertake the task, following as I do a long and illustrious line of the past-presidents whose learning and professional attainments made them an authority upon all questions pertaining to the welfare of this Society and to the profession to which I have the honor to belong. I deem it an honor to be President of the Nova Scotia Medical Society, and shall always be proud of being enrolled among those, who, from year to year, received the distinction of presiding over the destinies of this Society.

But I must hasten to cordially welcome you on behalf of the medical men and citizens of Antigonish, and I sincerely trust that your visit will be profitable and pleasant—that visions of Antigonish will haunt you till our next meeting, and that pleasant recollections of your visit will always abide with you.

I am sure we all rejoice at the recovery of His Majesty the King, whose life at the time of our last meeting was despaired of. We cannot but applaud the physicians and surgeons who directed his case and performed an operation that is a triumph to modern surgery.

*Delivered before meeting of Medical Society of Nova Scotia, at Antigonish, N. S., July, 1903.

The physicians in attendance were duly remembered when the Coronation honors were conferred, but it is surprising that the profession received no official recognition at the Coronation services.

It becomes my painful duty to-day to refer to the sad death, during the year, of a distinguished member of this Society, Dr. Andrew Halliday. Last year your President eloquently recalled the death of that noble physician, the late Secretary of our Society, Dr. W. S. Muir. The year before last the President's address consisted of a eulogy of the eminent surgeon, Dr. Edward Farrell of happy memory. The reflection forces itself upon us that each year one or more of our members fall by the wayside, and that

> "To one dread gulf all things in common tend
> Their loftiest virtues, amplest riches, end
> Long are we dying, reckoned up from birth
> Few years, and evil those, are ours on earth."

The first time I had the pleasure of meeting Dr. Halliday was at our society meeting at Pictou six years ago. I formed my estimate of him then. His unpretentious manner, his clear cut diction, modulated by a pleasant Scotch accent, his scientific knowledge and his grasp of all questions under discussion made me feel that though young in years he was full of wisdom, and one from whom much might be learned. He was a regular attendant at our society meetings, and further acquaintance with him, if possible, raised him further in my estimation. He eschewed the commercial side of practice; and I well remember while in conversation with him on one occasion deprecating the lack of appreciation on the part of the public of the labors of the scientific physician and his deploring the fact that the genius of commercialism was undermining the scientific spirit in medicine. This year he is not with us. He shall not be with us again. The reaper whose name is Death has taken him away. All of us shall have to bow some day to the same implacable harvester, to separate from all we love on earth, and journey to the mysterious beyond whence no traveller returns. Let us emulate Andrew Halliday and leave a name and reputation as unsullied as his. To his wife and little child I extend my personal sympathy.

We must all regret that after a long and laborious fight Dr. Roddick's bill, providing for a Medical Council for Canada, has, by the action of the Quebec legislature at its last session, been rendered null and void. The bill passed the Federal Parliament, but before

becoming operative had to be assented to by the provincial legislatures. It appears that all the legislatures were ready to assent to it, excepting Quebec. When it came before the legislature of Quebec it was defeated, and the reason for the vote not stated. It is regretable that any parochial or exclusive sentiment, in any one province, should thus overthrow a bill which in its provisions was calculated to be of great national benefit.

In this inconstant world of ours the silent subtle reasonings of the man of genius receive less attention than the deeds of political, military or naval leaders. The strategy of an army chief, the brilliancy of a party leader, the character of a prominent statesman, the flights of the passing demagogue transcend in the public esteem the brilliant scientific discoveries of useful deductions of the student and philosopher. The former leaders are the exponents of popular and sensible achievement, the latter the repository of abstruse and scientific knowledge not easily patented or assimilated. The former are booted and spurred, titled and honored, the latter live and die in comparative obscurity. In what other department may it be asked could the loss of its greatest leader compare with the loss the world has sustained, on September 5th, 1902, in the death of the learned scientist Professor Rudolph Virchow? To him alone belongs the honor of laying the foundations of scientific pathology. At the commencement of his career the humoral pathology was in the ascendency and the explanation of morbid conditions was sought either in the blood, the nerves, or the exudations from the body. In 1847, in opposition to this doctrine he made this statement: "The role of pathological anatomy as a dogmatic science is at an end; for each individual law we must have the proof clearly recognized, and carrying personal conviction. But where are the proofs to come from when the entire argument begins with a hypothesis." Working on the lines of this belief, he was enabled in 1858 to enunciate his famous proposition, *omnis cellula a cellula*, thus overthrowing the old pathology—the false and barren theory of a structureless blastenia, the doctrine of specific pathological cells, by establishing that every morbid structure consists of cells that have been derived from pre-existing cells, as a progeny. Even the most deformed morbid structures he had shown to be derived as a progeny from normal tissues—from normal cells driven to abnormal development by injurious agencies, and that even diseased life produced no cells for which

types and ancestors were not forthcoming in normal life. The principles set forth in this his cellular pathology will ever live as a monument to his great genius, an imperishable landmark on the road leading from the darkness of ignorance to the light of knowledge.

An attempt to enumerate Virchow's literary, scientific and political productions, much less to refer to them at length, would occuy far more time than I could give in this address. Suffice is it to say his life has been the most eloquent example of untiring fidelity to the work of combatting disease. By his almost superhuman genius he was capable of overcoming conflicting hypotheses and arbitrary dogmatism. His scientific ideals, the principles of investigation he has bequeathed to us, and let us be grateful for all he has done—for the common heritage he has left in the possession of all.

In the great scheme of the natural world individuals play their part, having relations with other individuals of the same species and species are related to species till we are lost in search of the kind and extent of action and influence exercised by each. So there is not an action or event with which we are acquainted that has not some relation to other actions or events which no one has yet verified. It would not, perhaps, be entirely problematical to hold that all creatures' actions and events throughout the whole of nature have relations to each other. It is obvious that all events have future unknown consequences ; in other words we do not know everything concerning any one event whatever, its causes, ends, and necessary adjuncts. Things insignificant and worthless upon examination are found to be necessary to the existence of other things of greater importance. Thus countless numbers and varieties of bacteria play the role of defender of man's life, while others are pathogenic and seek his destruction; and so the constitution of the natural world is so complex, so small a part of the scheme can be comprehended by the finite mind, that he is entirely ignorant who is not sensible of the difficulties of exploring and interpreting nature's government and laws. To-day the law of gravitation is no longer believed to extend throughout the universe. The theory of the conservation of energy must now be balanced by the theory of the dissipation of energy. The metal, radium, M. Currie, a French physicist, tells us "is known to be unlike every other known form of matter in possessing the power of producing heat for months together without combustion,

without chemical or molecular change of any kind, and without waste or diminution of substance." The vibratory force of the heat rays from radium may yet be shown to be destructive to pathogenic germs. Again, there is no agency in nature that will exercise in the future so much power in the prevention and cure of disease as ether, supposed at one time to be an "imponderable fluid" (which, however, has been shown to have some weight) surrounding the globe on every hand extending even to the confines of the universe, having the property of penetrating all solid bodies, supplying by its vibration light, heat and electricity, fundamental necessities to life and civilization, as well as a motive power which supersedes all others and bids fair to reign supreme. Is it not possible that such a natural force, possessed of such potentiality, may be looked to by the medical practitioner for the valuable assistance in conflict with disease? Heat, light, and electricity are but various stages of vibration in ether waves. Electric waves permeate all matter except the best electric conductors. In permeating matter these waves must produce some effect however small it may be. The brain of an animal regarded as a mass of matter is capable of being traversed to some extent by electric waves, and such waves must produce some effect in transit. The influence might be considerable and yet not be manifested subjectively or objectively. Is it then through the brain and nervous system the physiological action of ether waves proceeds? Such maladies as rheumatism, gout and nervousness are often foretold by the sufferers with an accuracy equal to the best meteorological apparatus by means of their "bad leg," "stiff shoulder," "lame back," or "bad toe." The connection between the storms (electrical) and their bodily self appear to be as real as though they and their enemy were connected by a metallic conductor. I believe that the pathogenic organisms causing those diseases are so powerfully influenced by the oscillation of ether waves resulting from the storms as to cause the symptoms of which the sufferers complain. Light we know to be useful in skin diseases, heat in rheumatism, and electricity in nervous conditions. This would indicate that the vibratory force of ether waves (heat, light and electricity) is capable of destroying pathogenic germs or at least of putting them in a state of quiescence. Again, we know red-light in the treatment of small-pox is of great value. Ordinary light (the blue, violet and ultra-violet rays) is known to be injurious, causing suppuration of the vesicles although it

seems to have no action on the small-pox infection itself. It is a decided advantage to stay suppuration and to prevent pitting. This is the most dangerous stage, and the greatest number of deaths is caused by suppuration. This red-light will do, and strangely enough while the ultra-violet rays should be kept off small-pox cases they are an almost certain cure for lupus.

The X rays have, during the past few years, been tested in almost every conceivable form of disease, and the results in some malignant and other conditions have been fairly satisfactory; but in skin diseases especially have they been gratifying. Granting that X rays are transverse vibrations in ether, who can realize the possibilities of their application at various angles of incidence, their potentiality or the results and benefits that will accrue to humanity from a further knowledge of their workings? "Let there be light, and there was light."

Let us hope then that the utilization of this great agency will pass from the hands of the pretender and showman, that the orthodox practitioner will adopt it, not as a forlorn hope, but for the good that is in it, that thoughtful and scientific workers will demonstrate it to be, as I believe it to be, the greatest natural force in existence in the prevention and cure of disease; and so discovery will follow discovery, and the discoveries yet to be made are as important as those already made, and there are many things in nature that never will be discovered by the finite mind. To know it all were to put man on an equality with God himself, the author of all things, known and unknown to man, throughout the whole universe.

No human science presents so manifest a transformation at the end of the 19th century as medicine. Serum-therapy has overthrown the old therapeutics; the study of bacteria has been enormously advanced, and with it the prevention and cure of disease. There never was a time when so many able, active and disinterested minds were at work on the problems of disease as now. Spontaneous generation has been proven impossible by the immortal Pasteur; so idiopathic disease in the light of the 20th century will be shown to be a myth. A further study of the forces of nature, vital and mechanical, will, during the present century, reveal many of the phenomena of disease now wrapped in obscurity.

The flood gates are open and we are beset by enemies on every

hand. The forces of nature are turned upon us. Pathogenic organisms dispute our right to existence, and even the little mosquito is no longer our friend. It would appear that the survival of the fittest is exemplified in all nature. It behooves us to know our enemies, and, knowing them, to stand shoulder to shoulder under the banner of the goddess Hygeia, waging ceaseless and relentless war upon them till the flag of truce is unfurled and the rattling trumpet thunders victory at last.

THE TREATMENT OE PNEUMONIA*

By J. H. Musser, M D. Philadelphia, President of the American Medical Association, Etc.

Mr. Chairman and Gentlemen of the Association: My object in presenting the subject of the treatment of pneumonia is two-fold; first, I wish to use it as a means of showing a scheme which I am very fond of and which, in all probability, is common to all. I mean to say that all of us should have some formula fixed in our mind when we take up the consideration of the management of a case which is so comprehensive that when we leave that patient for a time we are satisfied that everything has been done for the patient's welfare. That applies especially to those who are engaged in consultation work, but not only the consultant but the general practitioner, it seems to me, cannot be too precise in following out such formula, and the one which I wish to present to you has been to me rather satisfactory and comprehensive and is a good working formula, so that those who are teachers, I think, may find in it a practical way of presenting the subject of the treatment of any given disease. Secondly, I bring the subject of the treatment of pneumonia forward because it is a practical one—one that comes home to us almost daily—and therefore one that should invite discussion among all, and certainly it is one we cannot think too much about.

The formula that I refer to, or the scheme that I have, is that when I see a patient suffering from any ailment whatsoever, I start out by laying down plans for the management of the case in accordance with the indications which I classify under five major divisions; first indications derived directly from the diagnosis; second, indications for treatment based upon our conception of the morbid process; third, indications for treatment based upon the symptoms; fourth, indications for treatment based upon the results of our examinations of the other organs and structures of the body, not related to the disease; and fifth, indications for treatment based upon facts derived from the social history, the family history and the previous medical history.

Now I shall at once pass over the general plans of treatment of cases

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of disease that we have. I shall not take up the effect of good nursing, of diet and matters of that kind, but at once dwell upon the subject in accordance with the outline I have given.

1. Treatment based upon the diagnosis. Now, in some diseases—I need scarcely name them, malaria, syphilis, diphtheria and a few other diseases—as soon as the diagnosis of the special ailment is made, a line of treatment comes before us; it matters not what the condition may be, what the somptoms may be, what the state of either organs or structures. We know in the case of diphtheria we have to give antitoxin. I know of no circumstance which should excuse its use. In malaria we must give quinine; and in syphilis, mercury and iodides. This is treatment based upon the diagnosis. Is there any specific in pneumonia? We have in modern days struggled after a specific, and tried to think that the serum is of some value. I have used it considerably, but am free to say that as yet I cannot see that it is of any special value, and therefore I cannot recommend the anti-pneumococcic serum. I must say, in justice to some of my colleagues who have used the specific remedy that they have felt they did see some good come out of its use. Two years ago I used it quite considerably, but last year I did not use it because my experience did not prove to me it was a satisfactory remedial measure. It is true, those who have studied it closely do not recommend it. They say a pneumo-coccus infection is of such a character, that we cannot well hope for a remedy that will counteract the toxines in the blood. With this expression of opinion as to the specific medication, I go at once to a treatment based upon our conception of the morbid process of the disease.

2. Of course it is an infection and in consequence of the infection there is an inflammation, and, in consequence of this, toxines are manufactured and a toxæmia rapidly develops. Our first thought is, as soon as we have a case of pneumo-coccus infection, whether we are sure or not of the localization of the seat of the infection in the lung; but the temperature, the cough, the sputa, and the phenomena which we know so well make it morally certain that we have to do with a pneumonia, although the physical signs are wanting. In such instances we should at once go at the lung, hoping that we may control or modify the extent of the inflammation. I am one who believes thoroughly that we can do a great deal by this means, and hence as soon as I feel that the patient has been infected, that the lung is the seat of the infection, I dry-cup my patient freely, even though

I am not sure whether it is at the base or the apex. I do not hesitate when respiration increases to 40 or 50 to cup the patient. I not only do this once but repeat the cupping at the end of 12 hours, if there is increased respiration or other symptoms. I not only cup at the end of 12 hours but again the next day. I cup pretty extensively, and,as I shall explain later, it not only modifies the extent of the inflammation but also, and very largely, relieves many of the pulmonary symptoms.

There is with the infection, high tension pulse and all the general phenomena that attend an acute inflammatory process, so that if we limit blood pressure we are also going to limit the extent of the inflammation, hence I resort to mild purgation, and I give at once calomel, as soon as I am satisfied that the patient has a pneumo-coccus infection, with the object of securing a lower blood pressure. There is always in these cases a gastritis, as indicated by the vomiting and the furred tongue. If I administer it, I think I am also disinfecting the upper respiratory air passages and also modifying the infection: and secondarily, limiting the manufacture of toxines. I think, therefore, we have the best grounds in the world, from the nature of the process, to give a dose of calomel and follow it by a saline, in order that we may, in the first twenty-four hours, secure a mild purgative effect, and then, too, for the reason I want to mention more particularly. I begin at once with the use of water. Probably the first twenty-four hours I use only water internally. I use a large amount. Apply the water externally in every febrile patient by means of a sponge bath, and even use the dip bath if the temperature is very high at first. In this manner the first object is attained that we think is suggested by our conception of the morbid process, namely, the inflammation is to a certain extent limited, and remember, I do not think it is limited by the first cupping, or the second cupping but I think repeated cupping is required in order to bring about a result. I am sure of this, at least, that if cupping is done vigorously we allay the collateral congestion that occurs around the inflammatory area, and thereby prevent an infection of that congested area, which will certainly take place if the congestion is not relieved, and that probably is all that is necessary to do in a large majority of our cases of pneumonia. From this on it is a matter of good nursing, the moderate use of purgation, the use of water and the proper diet that I have mentioned.

But there are other indications derived from our conception of the morbid process. The manufacture of toxines goes on. We must

limit this manufacture of toxines as much as we possibly can, and we must aid in the discharge of these toxines, the liberation of them from the body, and, finally, we must neutralize the effect of the toxines.

Now we have limited the manufacture of toxines by lessening the amount of inflammation, or by an attempt at least to limit the extent of the inflammation. This, of course, limits the manufacture of toxines. In addition, however, we may limit the manufacture of the toxines by a thorough disinfection of the upper air passages, for there is no doubt that there are many of those micro-organisms which have a normal relation to the upper air passages and soon become pathogenic. Therefore, I start out at once to disinfect the upper air passages. I have said I give a dose of calomel—5 grains on the tongue—and let it slowly dissolve from the tongue to the upper air passages. I think that has a good salutary effect as a local disinfection, but I am not content with that alone. I want the nurse to use mouth and throat washes. I think it of very great importance to disinfect the upper air passages, as much as we can, in order that we may limit, first, the occurrence of secondary inflammations, and, secondly, the manufacture of toxines in these regions.

However, the toxæmia has advanced in spite of our efforts to limit the extent of inflammation. It has been very virulent with extreme toxæmic areas. How are we to liberate the toxines? How are we to counteract their effects? The liberation of the toxines practically means the use of such measures as will keep up to the highest pitch free action of the kidneys. We know from investigation that the toxic qualities of the urine is enormously increased in cases of pneumonia, and we can modify this if we give our patient large amounts of water, if we introduce it into the system by the mouth and by other means. The amount of water that can be introduced into the system by the mouth is more or less limited. We cannot pour water into the mouth all the time. Far better if it is an alkaline water and a water that is mildly laxative. But there are limitations, and, therefore, I want water introduced by other ways. I want it introduced by the bowel, and the best way is to introduce normal saline solutions. Of course, introduce as large an amount as you possibly can, without the bowel being so distended by the amount as to cause the discharge of the fluid. A pint and a half would be probably quite sufficient.

Then, I do not hesitate to use, and I think we cannot be too assiduous in the use of normal salt solution under the skin. Indeed, so valuable

is this I think the necessary instruments that are required for its use should be a part of the armamentarium of every physician. I do not see how in this present day physicians can get along without their use, and I am sure I have seen the patient's life saved by the frequent use of hypodermic injections of normal saline solution.

Then, too, I use the water externally. Of course I use ice in the shape of the ice bag, particularly if I can localize the area of inflammation. If I cannot, I am not in a hurry to use ice, but wait until I know whether it is the apex or the base. If I cannot, therefore, localize the inflammation, and want to use external applications of water, I apply them over the whole thorax, and I use the method of Baruch, and I think that method is one of the most satisfactory methods I know of. I am satisfied it produces beneficial results. I believe it does limit to a certain extent, or helps to limit, the extent of the inflammation; but far better, I am sure it does help to counteract the effects of the toxæmia, or, perhaps I am going too far, it helps to eliminate the toxæmia, because cold applied in the manner Baruch has described, intermittently or constantly, over the surface of the chest, produces a stimulating effect. Consequently, after the application of cold in the manner that Baruch has told us, we see at once that fuller respiration takes place, the cyanosis that has developed lessens, the heart's action, which has been running from 120 to 135, falls to 110 or 100, and there is increased tone in the pulse, so that, in consequence of this, we have better renal elimination. The cold is applied not alone for the local inflammation, but it is also applied because it does help, by virtue of its effect upon the respiratory and circulatory apparatus, in the elimination of toxines.

Limiting the manufacture of the toxines first, and secondly, eliminating the toxines in the way that I have suggested is really the principal suggestion that we derive from our conception of the morbid process. Those of you who want to go a little farther and give medicines, as many do, and I see instances over and over again where it is indicated, can, in addition, for the elimination of toxines use the cardiac stimulants in moderate degrees—strychnine, nitro-glycerine and spirits. In a large majority of cases it does not seem necessary to go much farther, but it may happen we are not satisfied with the renal secretion, or with the use of the alkaline waters that are employed, or the use of the measures I have suggesetd, and we want to use something more stimulating to the renal function. Under these circum-

stances I would not hestitate to use sparteine. It is a perfectly safe remedy, while it can be applied by the mouth or hypodermatically, and we are thoroughly justified in using it with the object in view clear in our minds of what we are after, based on the conception of the morbid process.

But in spite of this, the toxæmia seems to be getting control, and we find sometimes it gets absolute control, becomes master of the situation, and it is our aim to counteract the effect of the toxines as much as we can. We have not any direct antidote for this purpose. We must keep up the strength of the patient, and particularly use the class of remedies that are required for eliminating the toxines, namely, the cardio-vascular stimulants that I have mentioned. As to alcohol, use large amounts or small, early or late, preferably not until specifically, definitely indicated, preferably in small amounts, of course, if possible. It is not necessary to give it because it is a food, because the disease does not continue long enough that the patient will waste away, as, for instance, in typhoid fever. Nor is it necessary to give it to cause an appetite, or for general reasons. When we want to give alcohol, give it only when you want to tide the patient over a critical point. Then I don't care particularly to use whiskey or brandy. I don't hestitate to use a small amount, and to use if frequently, so as not to get the toxic effects, as I am sure we do not get from champagne, using it every hour or every two hours during the 24 or the 48 hours of the disease when it is needed. I do not think it is needed through the entire disease in uncomplicated cases of pneumonia. I do not believe it is needed in ordinary cases, only in certain cases, and you want to give a preparation of alcohol that does not depress the patient, hence the use of champagne.

3. Indications suggested by the symptoms. The only symptoms possible that requires treatment outside of our conception of the morbid process is pain. Now, pain is a harmful thing. I am satisfied that many patients are very seriously affected by the pleuritis that gives rise to the pain. They are unduly shocked, more or less, and thence I am satisfied it is our business to relieve that pain as quickly as possible. It is only severe within the first 24 hours, and in an uncomplicated case in a person under 45 (I may say probably over 55, because you are all so robust and healthy here) I do not hesitate to use morphine hypodermatically until the patient is relieved. I am satisfied that this within the first 24 hours is a good thing. It is not necessarily indica-

ted unless the patient has pain. Of course, the ice bags employed may be sufficient, the cupping may be sufficient, and, therefore, the first 12 hours I wait to see if there has been the least relief either from the dry cups or from the ice bag, but if there is not I certainly will not allow the patient to spend the next 12 hours suffering from pain under those circumstances; I am sure we are doing the best for the patient if we give morphine.

4. The next grouping which I shall consider gives us indications for treatment in case of pneumonia. We have made our diagnosis, but we are not content simply with making a diagnosis of pneumonia, it is absolutely necessary that we should know thoroughly the condition of the nervous system, etc. The symptoms that arise are, of course, usually due to the complications. If the pneumonia has occurred in an alcoholic subject, the probabilities are we see very early symptoms of delirium tremens; perhaps, further, we may see that condition called a serous meningitis. When we see the approach of these it puts an entire different aspect upon the case, and indications for treatment are different. In delirium tremens, I do not hesitate to begin the use of alcohol, and to administer the form the man has been accustomed to. Approaching wet brain, serous meningitis, more or less stupor or coma suggested, probably difficult to distinguish from the comatose condition of toxæmia. This serous meningitis can be promptly relieved by spinal puncture. I have seen the most brilliant results from this treatment. In spinal puncture two or three ounces of fluid from the spinal canal will at once produce a delightful effect. There is no reason why it should not be repeated in 24 hours if necessary. In one of my patients I repeated it three times in 24 hours, and the patient got perfectly well. In other instances, it was not necessary to apply it more than once. You know perfectly well how safe the procedure is and how easily it can be employed, and without anæsthetics or any unusual procedure.

The cerebral meningitis is, of course, a pneumo-coccus infection, and this is the one which is the very best as far as prognosis is concerned. We know the patient is more likely to get well. We save a great deal of time when we employ spinal puncture, but I would not hesitate, I had it done once, to trephine the spinal column, opening the spinal canal and draining it. It is largely a matter of pressure in these cases, and if you relieve it your patient will have a chance to get well. The pneumo-coccus infection of all the serous membranes is not by

any means a grave infection as compared with strepto-coccus or staphylo-coccus, hence our fight is to gain time.

These are the chief indications which arise from an examination or a study of the nervous system. Where there is serous meningitis and we are satisfied this is associated with failure, or with lowered circulation, as indicated by blood pressure, I don't hesitate to give digitalis. They are the only ones, save those with heart disease, that I give digitalis to. It is of service also, or helps us to gain time in pneumonia, when there is meningitis, that is, the serous forms of meningitis.

Now, as to the gastritis that is likely to occur. It will probably disappear after the first 24 hours. The ice bag, or mustard poultice may be sufficient, or probably cold water coil for a short time will be enough. We cannot give as much water as we would like to give to our patients, but the use of calomel as I suggested will help. If the vomiting continues, I don't hesitate to give some bismuth, etc. It, however, is not usually a grave complication, except in alcoholic subjects.

Far different is the colitis that occurs. I consider we are likely to find an examination of the gastro-intestinal tract this to be a very serious symptom in pneumonia, and one that gives us indications for active treatment. We must not neglect the slightest diarrhœa, the slightest mucous diarrhœa. Probably it will be enough to wash out the bowel with normal salt solution and again with boric acid, but in spite of this there may be three or four passages in 24 hours, there may be a little pain or gradually increasing tympany. That is the one symptom. It is probably an evidence of toxæmia. It is more an evidence of the occurrence of colitis. Of course, for its relief we must manage the colitis as well as we possibly can, and probably better by the measures I have spoken of, together with large doses of bismuth, and with moderate doses of opium.

Nevertheless, the tympany may continue and become the chief symptom. We may feel from the enormous distension of the abdomen, the upward rising of the diaphragm, the dislocation of the viscera and seriously impaired re-action of the heart, that our patient is going to die. The rectal tube may relieve somewhat, passing it high and leaving the nozzle of the syringe in the rectum may be of service. If not, I resort to a remedy which I think I can with great confidence recommend, and that is eserine. It is a powerful stimulant, and has afforded

me very great satisfaction in cases of intestinal tympany due to the toxæmia, or to the colitis. I prefer to give it hypodermatically, but if we want to get a local effect in the stomach, we can give tincture of physostigma, or the eserine. From the cases in which I have employed it, and from some other cases of tympany in which I have seen it used, I feel satisfied we can place a great deal of reliance upon this drug, and don't hesitate to recommend its use in the management of these very disagreeable complications of pneumonia.

Treatment based upon the results of the examination of the kidneys. I watch the kidneys and renal secretion as much as I do the lungs. In fact, I don't care very much about the lungs, except to know the respiration rate, but I want to know a great deal about renal secretion, about the amount of urine passed, and the composition of it, andw hether there is present or not a nephritis. We want to know within the first 24 hours whether the patient is suffering from chronic Bright's disease and has got an attack of pneumonia on the top of it, which may modify the whole aspect of the case. It certainly would modify our use of morphia. I would not want to use morphia freely in the case of a person who had nephritis. I am sure under those circumstances the morphia would probably kill the patient. Therefore, in the first 12 honrs, have the urine examination made: Bright's disease first, pneumonia secondarily, or if it is Bright's disease coming on in the course of a pneumo-coccus infection. If the latter, I am not so very anxious. I don't modify my treatment as to the liberation of the toxines. I go more vigorously from the very first. I give all the water I possibly can to the patient in every way I think of giving it. In addition to cupping over the lungs I cup over the kidneys also, and I don't hesitate once in 24 hours to apply a hot bag. I use either a hot bag or a hot bath. I certainly, as I say, watch the kidneys more closely than I do the lung, and I expect by such watchfulness over these organs to get better results than if they were neglected. Other than fearing, therefore, renal insufficiency I pay but very little attention to the nephritis that occurs in the course of pneumonia, because I feel that what I am doing in general is the best thing that I can do for the patient.

Of course we watch the heart, and the indications arising from the examination of the heart vary with the period of the disease. Of course, I need not say that a person who started out with a bad heart in the beginning, or a patient who has a mild carditis is not managed

with the same degree of vigor in a case of pneumonia as the one who had a perfectly sound heart, and yet I would not hesitate to cup such patient, or to bleed. In addition, I use cold sponges and the cold bath from time to time.

It has been shown us by statistics that in the latter part of the disease a time comes when there is dyspnœa. I have seen it occur before the crisis, I have seen it occur after the crisis, I have seen the temperature fall to the normal, the doctor congratulating himself that the patient is going to get well when this comes. There is increased extension of the pulmonary second sound, and you have to relieve the heart or your patient is going to die. He has weathered the storm of the infection, the storm of the toxæmia, but he has now this dilated heart. Of course, prompt vigorous action must be employed. It is difficult to be quite sure whether you have a right-sided dilatation, or a failing heart from toxæmia, if it occurs before the crisis, and yet, I think, if you have kept a pretty close study of the case, you will be able to satisfy yourself that the dangers that have arisen are due to right-sided dilatation. Then it is I don't hesitate to bleed. I bleed from the arm, I bleed locally, I have used leeches, and have opened a vein. I not only bleed once, but I bleed sometimes a second time in the 24 hours. I take away 6 or 8 ounces, sometimes more. Nevertheless I have seen sufficient relief from 6 or 8 ounces. Relieve directly from a vein in the arm, and then the operation can be repeated if there should be a recurrence of the symptom. At the same time I give cardiac stimulants, strychnine, alcohol, nitro-glycerine and remedies of that character. It will be a considerable shock probably at the time. Two or three doses of atropine may be given. There are times when we have got to act vigorously, to have an enormous amount of faith in medicine, and I am sure we get brilliant results.

There are indications derived independently of the diagnosis of pneumonia. Not only do we have the local pneumo-coccus infection, but in many instances there is either a primary and often a secondary bronchitis, and I am sure we have to look after that particularly in older subjects. Bronchitis may require the usual expectorant remedies, though in a large majority of cases they are not required, but in some cases the use of iodide of ammonia or aromatic spirits of ammonia is valuable as a cardiac stimulant and for its effect on the stomach, etc. The secretion is much more free, but the prtient is in danger of choking. I give more stimulating expectorants, such as creasote

or that class of remedies that come in very well for the purpose that I am trying to indicate.

The pain of pleurisy and its management has been spoken of as far as we need go. And yet I want to say further that, if an effusion has occurred, as soon as the crisis is over I am one that believes we want to get rid of the effusion. I think it is not good for the chest. It is dangerous, and we ought to get rid of it, so I don't hesitate at all to remove this serum. Of course, if there is pus I not only aspirate but I have the chest opened at once.

5. Facts derived from the study of the social, the family, or the previous medical history. It is hardly necessary to say that the management of the disease is greatly helped by a knowledge of the habits of the patient. We know an alcoholic case, and the indications arise, but the social, the family and the previous medical history does not probably give us many facts upon which we base our treatment, as they do facts upon which we base our prognosis. The prognosis is very much guided by what we learn in the disclosing of the social, the family and the previous medical history. Nevertheless, in this infection as well as in other diseases, I do say that we cannot keep up a line of treatment, unless we consider the data, not only for diagnostic but for therapeutic purposes that we secure by working up these parts of the history.

Now this brings us to the point, gentlemen, that we are really not treating a case of pneumonia. We are treating a patient who has pneumonia, and that is the most important thing after all. In the case of those of us who are teaching students, it is much more important that we try to impress them with the idea that they are treating patients with disease rather than they are treating any disease at all; and if we do that, we can have them understand earlier in their career than they otherwise would that it is not necessary in probably 60 per cent. of the cases of pneumonia to do anything at all except very good nursing, but in the other 40 per cent. there is a great deal to do, so that it is a good thing to map out a plan of treatment, based upon the five main points I have given to you, and then I am sure they will treat the patient, which is the essential of therapeutics, and not treat the disease.

SEVERAL INCONSISTENCIES.

By Henry P Clay, M. D., Pugwash, N. S.

The title of my paper might suggest a discussion of the inconsistencies of my professional brethern. Such however, is not my intention, although I am free to confess that a large field is opened in that direction. The inconsistencies of which I shall speak are those which obtain in our relations with corporations, governments, societies act. The idea was suggested to me on reading the Attorney General's remarks when kicking the medical bill out of the legislature last winter. The medical profession seems to be looked upon by the politicians as a useful thing about election times, and in accepting the treatment of which last winter's work is but a sample We are inconsistent inasmuch as the practitioners of medicine and surgery in this or any other province if combined can make or break governments at their will. No one can make a stronger canvas than the medical man who, sitting by the bedside watching the sick one, drops the quiet word on behalf of his candidate or party ; while the candidate and his workers are enjoying the comforts of a good bed the doctor on his midnight travels has opportunities for promoting his welfare that cannot be equalled by any other worker. It is not necessary that one should desert his party, but every candidate should be given to understand by his medical friends that all measures for the promotion of the profession's welfare *must* be given favourable consideration, especially when emanating from the authorized sources ; otherwise such candidates would get no assistance from the M. Ds, and a decided change would be seen. An amendment to any existing law is proposed, and ten chances to one that some moss-back M. P. P. will monkey with it until it is entirely out of shape or killed, and then take great credit to himself for getting ahead of the doctors. We have the remedy for all this within ourselves, and we should consistently act together and make our power felt to the procuring of complete and workable laws, for the protection of ourselves and the people at large.

An inconsistency, that appears prominently to my mind just now, is the health act of two or three years ago, which provides

*Read at meeting of Medical Society of Nova Scotia, New Glasgow, July 1902.

for the appointment of municipal health officers. The law says each municipality must or shall appoint a health officer, and provides the munificent salary of one hundred dollars in hard cold cash. In the county of Cumberland the municipal councillors refused point blank to respect the law, one reason being given that the pay was excessive, and the local M. P. Ps. were importuned to prevent the Government making the appointment according to law. In consequence, although the statute is very positive, we have no health officer or any one with municipal authority capable of dealing promptly with an epidemic; hence you find smallpox fairly well established at Parrsboro, and no one in the county with authority to take measures to prevent the spread of the disease. Why have laws enacted if it is to be left to the country politicians, ignorant of every requirement of the profession, to say if such laws shall become operative or not?

While we are devoting a good deal of time and considerable abuse to that genial cuss, the cancer doctor, we are allowing a class of practitioners in their special line to do more harm (and as ignorantly) than twenty so called cancer curists. I refere to the peripatetic and, I may add, stationary optician. The man with a cancer who falls into the hands of one of our friends with the salve box is only hurried out a little quicker than nature would do it, but what can be said on behalf of the hundreds of eyes throughout the country which are being daily ruined by these gentlemen of the drug store and the traveling bag, whose knowledge of the anatomy and physiology of the eye is about as profound as is that of the mole? Last autumn at the Provincial Exhibition, Dr. Moore of Kentville and myself watched the *modus operandi* of three setts of these traveling oculists. These men were licensed by the exhibition commission,—of which by the Grace of God, J Wilberforce Longley is president,—to sell their wares to the unsuspecting and unsophisticated ruralist who came within sound of their oily tongues. They tested eyes and fitted glasses, and raked in the shekels in the most approved faker style, and the profession allows it. Are we consistent in this?

Again, considerable gray matter is used up over sanatoria and the prevention and cure of tubercular disease. What are we doing by

reason of any law on the statute book of this province to prevent the culture of the white plague in our schools, the places where children spend the greater portion of their time. Old school buildings saturated with disease are allowed to be used, year after year, without any cleaning other than a scrub out. New buildings are erected without any idea of sanitation, either in heating, lighting or ventilation, all because no sanitary plans are prepared by qualified men; but instead the trustees of any school section can prepare plans regardless of sanitary conditions, and erect buildings which may after all prove a curse instead of what should be a blessing. In my own town a new school building is practically made worthless by reason of bad heating and ventilation, and the new building was only had after a hard fight against a faction who insisted upon repairing a 35-year-old-building at a cost equal to that of the new. Like the inconsistency of sending missionaries to convert heathens in foreign lands while lots of heathens are to be found at home, so is the effort to stop consumption by means of sanatoria, while the schools are the breeding places they now are for tubercle. Until school buildings of a certain age and condition are open to condemnation by a qualified official, and new buildings are erected on up to date plans, prepared by government order, we may look for little benefit from all our preaching and teaching in this direction.

Another inconsistency is the readiness with which we accept any old fee at all from corporations, societies or the government and insist upon the pound of flesh from our neighbor. Take goverment work. Anyone who has had to do with the Marine and Fisheries Department, for instance, can appreciate what I am about to say. The department has a scale of fees. No matter what the local or regular professional charge is, the Ottawa charge is a fixture. You are called to attend a sick mariner, you do your work and are provided with a blank form to fill out your account on. You swear your account is correct before a J. P. The collector of customs certifies to the regularity of your service and the bill is then sent to Ottawa, where in ninety-nine cases out of a hundred, unless you have a good pull, the figures are cut down and mutilated so you scarcely recognize the bill as being the one you rendered. The same thing obtains in the Indian Department, only I believe the

intention is to pay no bills for sick Indians, the late Dr. D. C. Allan having had one cut down from 95 to 3 dollars, showing how near to a clean cut off they could go.

In the matter of professional services to railway employees the conditions are scandalous. It is possible that some practitioners living at headquarters manage fairly well, but from what I have been able to learn, either by personal experience or from other medical men, the remuneration for services given injured and sick railway men, as fixed by the Employees Society, is entirely out of proportion to what would be charged private patients. One case will answer my purposes as an illustration: A compound comminuted fracture—a smash in fact—involving the ankle and whole of the foot was treated by Dr. Mackintosh at Pugwash. The management of this case required some very nice surgery and three night calls for catheterization. The railway relief fund allowed Dr. Mackintosh *twenty-five dollars*, twelve of which went to the gentleman who completed the dressings during convalescence. In private practice at least fifty dollars would have been a reasonable charge. Certainly there is some slight inconsistency here.

Another matter worthy of profound consideration is the fees allowed for giving evidence in courts of justice and at coroners inquests. The fee for evidence in a coroner's court is $5.00, which includes a post mortem examination if the coroner or jury require it. Evidence in criminal cases, in which the medical man may be innocently dragged by having been called to attend the victim of some unfortunate fracas, is paid for at the same rate that a necessary crown witness, who was *particeps communis*, receives, viz: 10 cents per mile travel and $1.00 per day witness fees. In a case in which I was called as witness the Crown Attorney allowed me $5.20 for 52 miles travel and $2.00 for the two days, or $7.20 for two days services, while the time spent with other medical gentlemen in trying to save the poor victim's life was given gratis as he left nothing for doctors or any one else. The lawyer acting for the crown got his cold $30.00 and incidentals. I came home at the end of two days with hotel bill and railway fare paid and a net surplus of about $1.00 or 50 cents per day. The Crown Attorney can allow more but there is nothing on the statute book to compel him to recognize medical evidence, expert

or otherwise, as being of more value than that of a tramp, who might have been a witness to the pistol shot or the knife thrust. Is this consistent?

Insurance companies publish in large type their accumulated surpluses, and offer their high financial standing as an argument why they should be patronized. Yet they tell you and me that the careful examination we have made of an applicant for insurance is only worth $3.00. Without the honest, intelligent selection of good subjects by the medical examiner, these boasted surpluses would soon vanish. Yet we are inconsistent enough to let these bloated capitalists in the insurance business fix our fees—tell us what our knowledge is worth.

Mutual insurance societies have set a very low rate for examinations and this matter has been pretty thoroughly threshed out by Dr. Goodwin before the N. S. Branch of the B. M. A. I am free to confess that I think the doctor not altogether consistent in his paper. No one is so hard on rum as the converted soaker. Having examined for a number of these fraternal orders I do not feel like calling myself altogether a fool for having accepted the exceedingly low rate. But I am willing and anxious to know how to remedy the undoubted evil that exists in this connection. Just recently a home circle was organized in Pugwash. I was asked by a number my of friends to examine them. Most of them were my regular patients. Had I refused, some of them would have been lost to me forever more, especially as another doctor was anxious for the job. There is a difference between country and city in this matter anyhow, but I am not so dead stuck on the business as to persist in my inconsistency if by so doing I bring reproach on the profession.

Our sanitary laws are not consistent so far as practical benefits to be derived from them go. The Provincial Board of Health should be made up of well known sanitarians with an executive officer clothed with arbitrary powers. As it is, politics has too much to do with appointments to provincial and local boards of health. The law as at present in force provides for municipal boards of health and gives them certain powers, but makes no provision for the enforcement of the most particular sections, and provides no means for the payment of bills incurred by these boards in the discharge of their duty. Hence, in the majority of places, the health laws are a dead letter,

being inoperative for want of sinews of war—dollars and cents.

The appointment of a medical man as sanitary inspector in rural or urban districts is not wise or consistent. Every qualified medical man should be a member of the local board of health, and should use his professional knowledge in instructing a sanitary inspector from among the lay people. The sanitary inspector as a servant of the board of health can do far better work than as a member of the board, and consequently in a way his own boss.

As a last matter in which we are inconsistent I would call your attention to the expenditure of very large sums of money on the Victoria General Hospital at Halifax, while the smaller hospitals such as are here in New Glasgow, and other places, are left to their own devices to raise money for maintenance. Small hospitals in the mining and manufacturing towns are as much a necessity as the larger one at the capital, and I believe the profession and public generally would be much more benefitted by having hospital conveniences at hand in a smaller form, than they are by having one large institution in Halifax City. We are inconsistent in this, inasmuch as we allow our rural legislators to do as they please, and we accept the conditions as we would a decree of the Almighty without a kick. My paper is already too long, but in bringing these matters to the notice of the profession at this time, I have moved with a desire to bring about changes that may at least benefit us to a limited degree. God's poor we have always with us, and it is to the honor of our noble profession that no case of real genuine poverty is ever neglected. But when it comes to doing work at half price for rich corporations, government charges and societies, whose lives depend upon the doctors' honesty, it is time to call a halt. Like the Irishman's cart before the horse, I have suggested the cure before announcing the disease. As I said in commencing my paper, let us give our legislators to understand that the requirements of the medical profession, which gives so much time and brains to the prevention of disease, without any hope of reward, must be attended to. Let us as men refuse to work unless we are allowed to fix the fee, and let us look more to the common rather than the individual interests, and the inconsistencies to which I have so imperfectly called your attention will become matters of ancient history.

THE
MARITIME MEDICAL NEWS.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., JULY, 1903. No. 7.

Editorial.

A FOUL BLOW AT THE PROFESSION.

The lay and religious papers of Halifax have been of late considerably exercised concerning the Boxing Exhibitions which have recently been given in the city.

The majority of lay writers have borne witness to the cleanness of the sport, and to the orderliness with which the bouts have been conducted. On the other hand the religious press has gone into a condition of "moral hysterics" at the idea that the "manly art" should have its exponents in Halifax, should hold competitions for money prizes, and above all should attract large gatherings of respectable citizens able and willing to pay $2.00 for the evening's entertainment.

We could well afford to let these disputants settle their differances by some argument and much irrelevant mud throwing, were not some of the latter aimed in a medical direction. A writer in one religious journal took advantage of the occasion to make a disgraceful attack on some members of the medical profession who were present at one of the exhibitions. These gentlemen were charged with the callous inhumanity of neglecting to give professional assistance to a contestant who was "knocked out" in one of the bouts, despite loud cries for a doctor; stating further, by more than innuendo, that the reason for this reserve was a desire not to draw attention to themselves and incur the odium which a public knowledge of their presence at such a scene might bring on their heads. This false statement, and if possible more false innuendo, for such they are whether made in ignorance or malice, were contradicted in the press, but we have seen neither retraction nor apology in the religious paper which sent the falsehood broadcast.

We may say for the benefit of those who have not followed the controversy, that the surgeon of the ship to which the man belonged was at the ring side, and had his finger on the man's pulse during the whole period of his "knock out," accompanied him to the dressing room, and returning in a few minutes reported him "fit." He was at his regular work at the regular hour—five o'clock—next morning, feeling none the worse.

The medical profession might perhaps well afford to treat these aspersions with the contempt they deserve, well knowing that in no body of men in the world can there be found so many willing to work and strive and incur often danger as well as obloquy for the cause of humanity and for the relief of its suffering. The religious press, which beyond others is cognizant of this, should be slow to slander by falsehood and innuendo even such base members of the profession as dare the shame of being present at such an exhibition of skill, temper and endurance as a well conducted and clean boxing match affords.

We do not intend to discuss the merits of boxing either as an exercise or as a sport, further than to protest against the ethics which would prevent boxing and tolerate and even encourage football and hockey. The "knockout" of a boxing bout is child's play compared to the concussion of the brain which frequently occurs at football, and the slashing and body checking of a hockey match, yet we have seen even members of the Evangelical Alliance intoxicated with the lust of victory, encouraging contestants on the football field.

The dozen physicians who were present at the contest referred to are, we believe, quite as respectable members of the community, quite as humane, probably doing as much for charity and mercy as the dozen self-constituted guardians of health and morals, who pass resolutions and draw up memorials against the boxing matches at the Armouries.

THE MEETING AT ANTIGONISH.

The recent meeting of the Medical Society of Nova Scotia will be pleasantly remembered by the visiting brethren. It is true that we were not heralded by brass bands and the noise of trumpets, but were met by the profession of Antigonish with the glad hand of true brotherhood. No baloon ascensions or automobile excursions had been arranged as a digression to the scientific part of the

programme, but in familiar words—suitably altered—"they have done what they could," and they did it well.

The "Smoker" was a most pleasant and varied entertainment, embracing seasonable refreshments, cigars of a high quality (duty paid), bright speeches, and a boxing bout of no mean calibre between two of the Halifax contingent. (As no report of the contest was taken, details will not be attempted here.) It may be incidentally remarked that the contestants' skill was not confined to the manly art at Antigonish, for it was currently stated that the circus then encamped there had disappeared like the abashed canine with its tail between its legs, sorely depressed at being "done" in a familiar game carried on by a class known in every walk of life, viz: "fakers."

The scientific part of the programme was one worthy of a gathering more pretentious in its scope and more practical than many which have preceded it.

The President Dr. J. J. Cameron, filled the chair most creditably, and his able address was eagerly listened to by the large audience present, while the Secretary, Dr. W. Huntley Macdonald, deserves more than passing notice in so ably performing the many duties of such a position.

All were pleased to see and hear Dr. Marcy, of Boston, and to know that he felt amply repaid at coming such a distance. The same can be said of Dr. G. G. Campbell, a Nova Scotian, who has made his mark in the great city of Montreal.

CANADIAN MEDICAL ASSOCIATION.

As already announced through the columns of this journal, the thirty-sixth annual meeting of the Canadian Medical Association will take place at London, Ontario, on the 25th, 26th, 27th and 28th of August, with Dr Walter H. Moorhouse of that city as President. Dr. George A. Hodge, Queen's Avenue, is Chairman of the Programme Committee, and Dr. Hadley Williams, Park Avenue, is Local Secretary, to either of whom, or to the General Secretary, Dr. George Elliott, 129 John St., Toronto, titles of papers may by sent. Arrangements for reduced fares on the regular Standard Certificate plan have been already completed with the Grand Trunk and Canadian Pacific Railways, while negotiations are now in progress with the Intercol-

onial and the Canadian Pacific officials as to transportation rates from the Maritime Provinces and points west of Fort William. These arrangements will be published full in due time. In addition to those who have consented to read regular addresses, the following have signified so far their intention of being present and contributing papers: A. M. Rosebrugh, Toronto; Perry G. Goldsmith, Belleville; T. Shaw Webster, Toronto; R. Ferguson, London; A. Lapthorn Smith, Montreal; Henry Howitt, Guelph; Alexander McPhedran, Toronto; E. G. Wood, Nashville, Tenn.; C. W. Wilson, Montreal; Geo. H. Aylesworth, Collingwood; Jennie G. Drennan, St. Thomas. This list is every day being added to, and the Programme Committee desire that those contemplating should send in their titles without further delay. Entertainment is in the hands of a strong committee, and London is quite sure to do itself proud in this direction. It is understood that Western Ontario is going to turn out very strong to the support of London, and there is every probability that the largest attendance ever recorded will be equalled if not eclipsed. A great many members in the Western Peninsula who have not attended the annual meetings for years will take advantage of the proximity of this meeting to renew old acquaintances. The meetings will take place in the Normal School Buildings which are said to be the finest of their kind in Ontario.

THE MARITIME MEDICAL ASSOCIATION MEETING.

The programme of the meeting at St. John has been mailed to every member, so it is unnecessary to give details here. The meeting cannot fail to be a most pronounced success, and a large gathering from each of the maritime provinces is anticipated.

Editorial Notes.

A Valuable Weekly.—The *New York Medical Journal* and *Philadelphia Medical Journal* have lately been consolidated, with the result that all features of special value in both journals will be furnished to a larger number of subscribers. We can confidently recommend this weekly to our readers for its practical and scientific worth.

A Word of Sympathy.—The News extends to Dr. W. H. Rockwell, of River Hebert, its most sincere sympathy in the loss of his wife, whose death occurred on the 5th inst.; and we feel that we only bespeak the minds of his numerous friends in the profession throughout the maritime provinces.

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Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.*

The thirty-fifth annual meeting of the Medical Society of Nova Scotia was called to order at 2.30 p. m., July 1st, in the Assembly Hall of St. Francis Xavier College, Antigonish, Dr. J. J. Cameron, President, in the chair.

After a few introductory remarks by the President, the minutes were read and adopted.

The Nominating Committee was appointed as follows: T. J. F. Murphy, James Ross, R. A. H. MacKeen, H. H. McKay and W. G. Putnam.

Dr Clay referred to the Cogswell Library and asked why the catalogue had not been published.

The Secretary then referred to the resolution passed by the society last year.

Dr. L. M. Murray stated that he had lately been appointed on the committee in place of the late Dr. Halliday. Likewise that Dr. J. R. Millar had completed the catalogue as he (Dr. M.) had received a bill from him for twenty-five dollars. Dr Murray promised to bring the matter before the committee and see that copies of the catalogue were printed without delay.

Dr. F. E. Lawlor, of the Nova Scotia Hospital, then read the first paper: "Examination of the Blood."

Dr. H. H. McKay followed with "Further Remarks on Insomnia."

Dr. Lawlor, in discussing Dr. McKay's paper, said that many patients in the Nova Scotia Hospital were given bicarbonate of soda for insomnia as a placebo and very good results were produced. Likewise in some patients after washing out the stomach.

Dr. Marcy, of Boston, wished to thank Dr. McKay for such good common sense in his paper. He referred to Dr. Leonard's ideas in insomnia and the good effect from long rides, breathing deeply, etc. Oxygenating the blood was probably the cause.

*The papers read will be published in the Maritime Medical News.

Dr. Ross then read a paper on "Experiences with Some Therapeutic Agents."

Dr. R. A. H. MacKeen referred to "Ung. Nigra" mentioned in the paper and its good effect in boils. He had never seen any good effects from chloretone.

Dr. M. H. McKay stated that he had never obtained any good results from chloretone in insomnia or vomiting.

Dr. H. H. McKay had seen good results from chloretone in vomiting after operations.

Dr. Murphy had not found chloretone satisfactory. "Ung. Nigra" in some cases had found it very good, including one case of erysipelas.

Dr. Hayes had no good results from chloretone. Possibly carbolic acid would have soothed the stomach just as well in the cases referred to, as the vomiting was probably due to local irritation.

Dr. Clay mentioned the good effect of a strong solution of permanganate of patassium in erysipelas. This he had discovered by experiment, having had no other remedy at hand when he first used it.

Dr. Chisholm, referring to chloretone, said it was hard to know where it was indicated. He had found it excellent after operations. In many other conditions it had been disappointing. In a case of pneumonia all hypnotics failed and the indications pointed to want of tone. Strychnine, phosphorus and iron were then given and patient slept four hours the first night and soon recovered.

Dr. R. A. H. MacKeen followed with a "Report of a Case of Appendicitis." This case was of a most interesting nature. Perforation had probably taken place and fully a gallon of pus had been removed from the abdominal cavity.

Dr. Marcy said he had never seen a parallel case in his thirty years' experience of abdominal operations.

Dr. Chisholm congratulated Dr. MacKeen on his good luck. He generally dispairs if perforation has existed over forty-eight hours.

Dr. Churchill, being absent, his paper on "Toxic Hæmoglobinuria with Report of Case" was read by Dr. Jost.

EVENING SESSION.—This session was open to the public and a large number was present.

The Presidential Address by Dr. J. J. Cameron, of Antigonish, was listened to with much interest by the members and visitors. (Published on page 223 of this issue.)

Dr. A. P. Reid then moved a vote of thanks to Dr. Cameron for his instructive address. Dr. Reid made reference to the wonderful progress of science during the past thirty years, mentioning the X-rays and Finsen light. We were probably on the threshold of a large amount of knowledge in the utilizing for treatment of diseases

The vote of thanks was seconded and put by Dr. Putnam, Vice President, and carried unanimously.

Dr. Cameron conveyed in a few words his thanks for the motion extended to him by the members.

The President then called upon Dr. Marcy, of Boston, to whom he referred in eulogistic terms.

Dr. Marcy thanked the President for his remarks and the pleasure it gave him to visit Antigonish and meet again his old class-mate, Dr. W. H. Macdonald.

Dr. Marcy then read his paper on "The Buried Absorbable Suture its Value in Surgery," which proved most instructive, giving his experience with tendon sutures and describing the different kinds used.

Dr. Chisholm referred to Americans being ahead in inventive genius. We were indebted also to Flint for his physiology, Thomas for his gynæcology, and to Dr. Marcy for distributing his pamphlets on the buried suture and the radical cure for hernia; also likewise indebted to him for coming to the meeting, and hopes he will come again. He had much pleasure in moving a vote of thanks to Dr. Marcy.

Dr. MacMillan also made a few eulogistic remarks in seconding the vote of thanks. Motion was put and carried.

Dr. Marcy then thanked the members for the motion and kind remarks.

Dr. D. A. Campbell's paper on the "History of the Nova Scotia Medical Society," in the absence of the author, was read by his son, Dr. D. G. J. Campbell. The paper was a very valuable contribution on the history of the Society and evidently consumed much time and labor.

July 2nd, Morning Session. The Nominating Committee's report for the ensuing year was read as following:

Place of Meeting.—Halifax.

President.—Dr. M. Chisholm, Halifax.

First Vice-President.—Dr. H. E. Kendall, Sydney.

Second Vice-President.—Dr. H. K. McDonald, Lunenburg.

Secretary-Treasurer.—Dr. W. Huntley Macdonald, Antigonish, (re-elected.)

Local Committee of Arrangements.—Medical men of Halifax.

Dr. H. H. McKay then referred to the recent epidemic of smallpox at Thorburn. The first house where it occurred he was asked to disinfect it, and as there were no other means of disinfection, he burned all articles in the house. Litigation on this account was instituted, which consumed three days, for which he was paid fifty cents a day.

Dr. Stewart believed that the steps that Dr. McKay took were justified and he would therefore move the following:

Resolved, That this society, having heard the statement of Dr. H. H. McKay in regard to the burning of clothing, bedding, carpets, wooden furniture, etc., during the recent epidemic of smallpox in Thorburn, endorse the action of Dr. McKay as being warranted under the circumstances and a reasonable precaution against the spread of the disease.

Dr. A. P. Reid would like to second the motion only he would make it stronger. It was the only practical way to disinfect. A health officer has absolute power in the question of disinfection.

Dr. Cowie agreed with the sentiments expressed. Any criticism of Dr. McKay's action was only a matter of parsimony on the part of the county council. He hoped Dr. McKay would send in a bill for three days besides.

Motion put and carried.

The President then called upon Dr. Marcy who wished to make a few remarks.

Dr. Marcy said he had listened with considerable interest to the paper on the history of the society the previous evening, and he would like to offer a sum of money—which was handed to the President—for the best history of the medical profession before the formation of the society.

Dr. Clay then moved the following:

That the society accepts with thanks the generous gift of Dr.

Marcy as a prize for historical research, and further resolved that Drs. John Stewart, W. Huntley Macdonald and James Ross be a committee to carry out Dr. Marcy's intention.

Dr. Bissett seconded the motion, which was carried enthusiastically.

The discussion on "Tubercular Arthritis," with special reference to the knee, was opened by Dr. John Stewart who dealt with its pathology, and followed by Dr. N. E. McKay on its treatment. (The discussion in full will be inserted in next issue.)

Dr. Clay followed with a paper entitled, "What Shall We Eat, What Shall we Drink and Wherein Shall We be Clothed," which was written in the author's bright and characteristic style.

Dr. R. A. H. McKeen said that his stomach did not always work well. He had been troubled with eczema of the hands, consulted an eminent dermatologist who told him to stop eating meat. He was soon reduced in strength, pneumonia developed and he nearly died. He found later that the eczema was due to the irritation of iodoform. Dr. Janes, of Edinburgh, told him in fermentative indigestion to eat a mixed diet in small quantities.

Dr. A. P. Reid wished to refer to the fact that next year would be the real jubilee year of the society and arrangements should be made of more than ordinary proportions.

Dr. J. Hayes then read a paper on "Cæsarian Section," relating a most instructive case in whom he had performed that operation after death and child lived for some months.

Dr. Chisholm referred to the paper as a most instructive one. A few days ago he had been called to see a similar case. Patient was a multipara. She had had two convulsions; urine was solid with albumin. The uterus was emptied and the albumin disappeared in three days.

Dr. H. H. McKay mentioned a similar case. Patient was unconscious when seen and he gave a hypodemic of pilocarpine. Soon afterwards delivery occurred.

Dr. Stewart pointed out the value of acting at once. Dr. Hayes' patient did not have any severe symptoms.

Dr. D. Murray then read a most interesting account of a case of "Strangulated Hernia with Unusual Sequelæ." Dr. D. Murray likewise referred to a boy, aged 12, suffering from diabetes who passed one pound of sugar a day. The case could be seen at the hotel.

Dr. C. P. Bissett followed with a paper on "Acute Inversion of the Uterus during Labor," and gave details of some cases he had met with in practice.

Dr. Cox referred to a case he had seen in New York. The patient was a Hungarian woman, and the inversion remained for some hours after delivery. The child weighed 15 pounds.

Dr. Cowie then brought to the attention of the society the Sanatorium being built by the Nova Scotia Government, and also the absolute necessity for a Board of Vital Statistics. There formerly had been a Bureau, but this had failed to continue for some years. In Halifax we can get a rough idea from death certificates, but no general idea can be obtained throughout the province. He moved that a committee be appointed to wait on the Government to open a Board of Vital Statistics.

Dr. N. E. McKay would like to have discussed the best method of attacking tuberculosis. The Sanatorium being built was not large enough for one county. He had pleasure in seconding Dr. Cowie's motion.

Dr. Clay thought the committee already appointed to wait on the Government would do.

Dr. Cowie would like a special committee to put all the measures alluded to in force. Also to have the Health Act changed and put tuberculosis under infectious diseases. Likewise attention to sanitation in Halifax houses, and the importance of educating the public.

July 2nd—Afternoon Session.

Dr. Clay referred to the committee on legislation appointed last year in New Glasgow and asked what had been done. Evidently, owing to the absence of the chairman of that committee (Dr. D. A. Campbell) much valuable information could not be obtained. He moved that another committee for the same purpose be appointed.

Dr. Bissett seconded the motion, remarking that the medical men had not been fairly treated by the provincial legislature. The motion was carried and the following committee appointed: Drs. D. A. Campbell, Chisholm, Murphy, M. A. B. Smith, and Clay.

Dr. G. G. Campbell, of Montreal, then read the Address in Medicine, which was a highly interesting paper on "Some Common Errors in Diagnosis." In it was pointed out the fact that mistakes were due far more to carelessness or lack of thoroughness in examination than to want of knowledge or lack of ability.

A vote of thanks was moved by Dr. Hayes, seconded by Dr. Mader, and tendered to Dr. Campbell for his valuable contribution.

Dr. L. M. Murray followed with a short account of his recent visit to some of the bacteriological laboratories of Canada and the United States.

Dr. A. P. Reid remarked that Dr. Murray was perfectly able to fill his present position by reason of his pursuing his studies in a capable and hardworking manner.

Dr. Chisholm then read a paper on "Venesection," which he regarded as a valuable remedy, but a two-edged sword. He had seen great benefit from it in œdema of the lungs from dilated heart. It was also useful but not so markedly so in cirrhosis of the liver and kidneys.

Dr. A. P. Reid said there was no drug that produced such marked beneficial effect as bleeding in ninety per cent. of pneumonia cases. It with a little tartar emetic was all that was needed.

The President remarked that in properly selected cases it was useful.

Dr. Cowie thought that stimulation was resorted to as indiscriminately as bleeding was formerly.

Dr. Cowie then asked to have his motion of the morning passed. On discussion it was thought that his motion could be incorporated with that of Dr. Clay's.

Dr. Stewart moved that the committee be composed of seven members instead of five as moved by Dr. Clay, adding Drs. Cowie and L. M. Murray.

Dr. Kennedy thought the sanitary regulations should be more widely known.

Dr. N. E. McKay seconded Dr. Stewart's motion, which was carried.

Dr. J. W. Reid next read "Report of Some Cases in Obstetrics."

Dr. Chisholm then moved, and Dr. Mader seconded, the following resolution:

"The members of the Medical Society of Nova Scotia, at their first meeting since the death of Andrew Halliday, late provincial bacteriologist, and bearing in mind the many interesting and useful communications made by him to the Society, desire to place on record their high appreciation of his character and accomplishments and

their sincere sorrow at his untimely death. They also extend to his widow and family their sincere sympathy."

Motion put and carried.

July 2nd—Evening Session.

Dr. Cox read the first paper of this session, the subject being "Nasal Tumors."

Dr. G. G. Campbell stated that he had seen three or four cases of asthma in children cured by removal of adenoids in the pharynx. Within a few months the cases began to improve and continued so. Asthma in early life should be referred to a specialist for examination.

Dr. Putnam said he had only one criticism to make and that was Dr. Cox had left nothing for him to say. He could corroborate what had been said about asthma.

Dr. Putnam then read a paper on "Further Remarks on Mastoiditis."

Dr. Geo. MacKeen wished to ask what connection there was between scarlet fever and mastoiditis.

Dr. Putman replied that probably there was direct extension of infection from the scarlet fever sore throat.

Dr. W. Huntley Macdonald asked what steps should be taken if the lateral sinus was opened.

Dr. Putnam replied to go slowly and see if you have bone all around. If the sinus is wounded, pack it.

Dr. Cox said in regard to operation, he wished to emphasize that it must be thorough. He related a case where extensive involvement was present.

Dr. J. F. Ellis' paper on "Some Notes on Recent Epidemic of Smallpox," owing to absence of the author, was read by the secretary.

Dr. Clay referred to one remark in the paper, viz: "easy to get authorities to act promptly." If so they must be different in Sherbrooke than in other places, as his experience was you could not get the authorities to act promptly. There were no provisions in the Health Act to pay expenses in a smallpox epidemic. Town councils can readily order a general vaccination, as they meet often; but municipal councils do not meet often and are generally afraid to call a special meeting, as it might incur a little expense. The new committee on legislation might take this into account.

Dr. Bissett said perhaps it would be well to let an epidemic have its sway and teach the public after they get properly scared.

Dr. Chisholm often felt like Dr. Bissett when chairman of the Board of Health of Halifax to let the epidemic have its sway; but of course that would not do.

Dr. Kennedy said that Dr. Ellis and the authorities of Sherbrooke should be highly commended for the measures taken to stamp out the disease. Reference was made to the epidemic at Thorburn and the necessity for using energetic measures. No vaccinated persons took the disease. Of the 77 cases not one had been vaccinated. That community was now the best vaccinated in the province.

The President stated that we ask the legislature to protect the public—the profession asks no favors. Dr. Bissett's idea he did not believe in—not like the Hippocratic spirit. He believed if the committee waited on the government they would have proper laws passed.

Dr. D. G. J. Campbell, who had been acting secretary for the Board of Health of Halifax, said that a letter had been received from Dr. Roddick to urge the government to appoint a Dominion Board of Health.

The President then invited the members to "A Smoker" in the College Hall after meeting adjourned.

Dr. Clay considered the meeting had been a very successful one. He had much pleasure in moving that the sincere thanks of the visitors be extended to the profession and citizens of Antigonish for the pleasant entertainment provided and also for the intellectual treat.

Dr. Putnam wished to second the motion. He felt grateful for coming the distance, for we received the height of hospitality.

Dr. Chisholm said he had much pleasure in putting the motion. At no meeting had he received so much benefit. The papers particularly were exceedingly practical. The motion was carried with applause and conveyed to the President.

The President, on behalf of the profession of Antigonish, thanked the members for the motion.

The Secretary, referring to notice of motion last year, now moved that fifteen minutes be the limit for papers and five minutes for discussion, excepting addresses in medicine and surgery.

Dr. Putnam seconded the motion. Carried.

Dr. Bissett suggested a note of the same be printed on the annual programme when published.

Votes of thanks were then passed to the following:

To Rev. Dr. Thompson and Governors for the use of the Assembly Hall;

To the railways for reduced rates;

To the Antigonish Club for privileges and hospitality extended.

The Society then adjourned.

THE LUNENBURG-QUEENS MEDICAL SOCIETY.

A meeting of the Lunenburg-Queens Medical Society was held at Bridgewater on June 16th. There was a good attendance of members from all parts of Lunenburg County.

Dr. March read a paper on Extra Uterine Pregnancy; Dr. Hamilton, a short article on Medical Ethics, and several interesting case reports were given. A scale of fees was adopted and signed by every practitioner in Lunenburg County.

Officers for ensuing year were elected as follows:

President—Dr. H. K. McDonald, Lunenburg.

Vice-President—Dr. F. S. L. Ford, New Germany.

Sec'y-Treas—Dr. W. H. Macdonald, Rose Bay, (re-elected.)

Executive—{ Dr. W. H. Cole, Caledonia.
Dr. E. K. Faulkner, Mahone.

The next meeting will be held at Chester on the first Wednesday of August, at which there will be an afternoon session. It would be a good opportunity for some of the Halifax practitioners to take a little outing and pay Chester a visit.

Personal.

Dr. W. W. Wickham, of Tignish, P. E. I., was married on June 25th to Miss Kate C. McFadyen. The NEWS extends its congratulations.

SEVERE REFLEX PAIN.—J. H. Tilden, M. D., of Denver, in the June number of the Chicago Medical Times, in an article advocating the use of tampons in gynæcological practice, reports, among others, a case which was characterized by severe reflex symptoms and which had not yielded to the treatment accorded by the two other practitioners. Dr. Tilden's procedure was, the introduction of a glycerine tampon and the administration of antikamnia in ten grain doses (two five-grain tablets) to relieve the pain. The tampon was removed each night at bedtime and followed with hot water injections. The patient on being discharged, remarked, that since following this treatment she could run the sewing machine without the usual pain and tired feeling.

Book Reviews.

The Internal Secretions and the Principles of Medicine. By Charles E. de M. Sajous, M. D., etc., etc., Volume I., forty-two illustrations. Published by the F. A. Davis Co., Philadelphia.

The first volume of Dr. Sajous's work which is to be complete in two volumes) deals with physiology, general pathology, general therapeutics and immunity. It differs so entirely in its conception from any other work on medicine that one is immediately fascinated by it, and notwithstanding the somewhat ruthless way in which many of our most fondly believed theories are put aside, the ingenuity of the author compels one's admiration. New ideas are advanced as to the part played by the various elements of the blood in nutrition, as to the means by which nutriment gets to the tissues, as to the functions of the different cells, etc., but it is especially around what the author terms the "Adrenal System" that interest centres. This system is composed of the thyroid gland, the anterior pituitary body and the adrenals, which are considered to be directly connected through the solar plexus, the splanchnic nerves and the cervico-thoracic ganglia of the sympathetic. The anterior pituitary body, heretofore thought to be practically functionless, is by Dr. Sajous conceived to be "the most important organ of the body, as governing centre of the adrenals, and, therefore, of all oxidation processes." Second in importance comes the posterior pituitary body, which Sajous regards as the "chief functional centre of the nervous system."

Vitality or vital resistance is dependent upon a proper balance, being maintained by the anterior pituitary body. Overactivity of this organ, by increasing the production of adrenal secretion, increases metabolism and the activity of all functions; deficient action has the reverse effect. The physiological purpose of the thyroid gland is to sustain the functional efficiency of the thyroid. "Symptoms of infection or poisoning are all manifestations, more or less severe, of *overactivity or insufficiency of the adrenal system.* Indeed, *the physiological action of remedies was also traced to the anterior pituitary body*, the governing center of this system."

Following such extraordinary statements as the foregoing, it astonishes us less than it otherwise would to be informed that "the rapid utilization of alkaline salts, especially soduim chloride, in the organism, and the fact that they are inadequately, if at all, replaced through their normal channel, the digestive tract, during disease, proved to be the predominating cause of death."

The argument which Dr. Sajous sets forth in support of his hypothesis is both ingenious and interesting, and one cannot but admire the wonderful industry which has been shewn by the author in compiling his work. And still one feels at once that too large a claim is made for the theory advanced. Any very revolutionary a doctrine naturally arouses opposition, and so general an adaptation as that which Dr. Sajous urges is almost more than flesh and blood can stand. Moreover upon reading the volume, numerous instances are noted in which quotations from the writings of others appear forced to support the theory, even though their aptness is not apparent.

There is little in the way of experimental proof undertaken for the purpose of substantiating Dr. Sajous's claims, although free use is made of the literature and frequent reference is made to such results of the experiments of others as are supportive of his views. Nevertheless a work so suggestive as that for which we have to thank Dr. Sajous is of very decided value. Quite apart from the novel teaching which it presents, his book gives a very excellent resumé of a great deal of the recent advance in our knowledge of problems in morphology, physiology and pathology, all put forward in a peculiarly interesting manner. So while we cannot, as yet, endorse fully the author's views, we can heartily congratulate him upon having produced a work which will set the profession thinking, and one which is of very great merit.

W. H.

Notes.

SANMETTO AS A GENITO-URINARY TONIC AND REMEDY.—I have prescribed Sanmetto in a number of cases of incontinuence of urine with gratifying results. I believe it to be a remedy par excellence in all cases of genito-urinary complaints. I have reason to believe that Sanmetto posseses aphrodisiac properties equalled by few remedies at our command.

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The attention of our readers is called to the advertisement of the Lacto-Globulin Co., of Montreal, who are placing on the market a new proteid food which appears to be a decided improvement on the foods now before the profession. This food contains 83% of proteid matter and 4.76% of phosphate of calcium, sodium, potassium etc., which it is claimed are converted by the process into glycero-phosphates. The principal scientific achievment claimed by the manufacturers is that the process preserves in concentrated form the natural digestive blood-enzymes of fresh milk. The process was discovered by two medical men in Montreal who have been devoting the last ten years to this subject, and the preparation is being placed in the hands of the profession solely, as an adjuvant food in all cases of mal-nutrition, indegestion, wasting disease, etc. Its value has already been practically demonstrated in a series of clinical tests, and the food will fill a long-felt want if it fulfils the claims made for it.

The manufacturers will offer every opportunity to medical men to test this food by sending samples as required.

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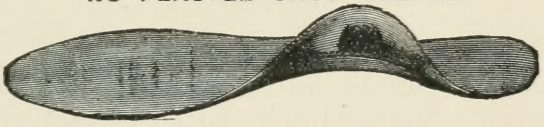

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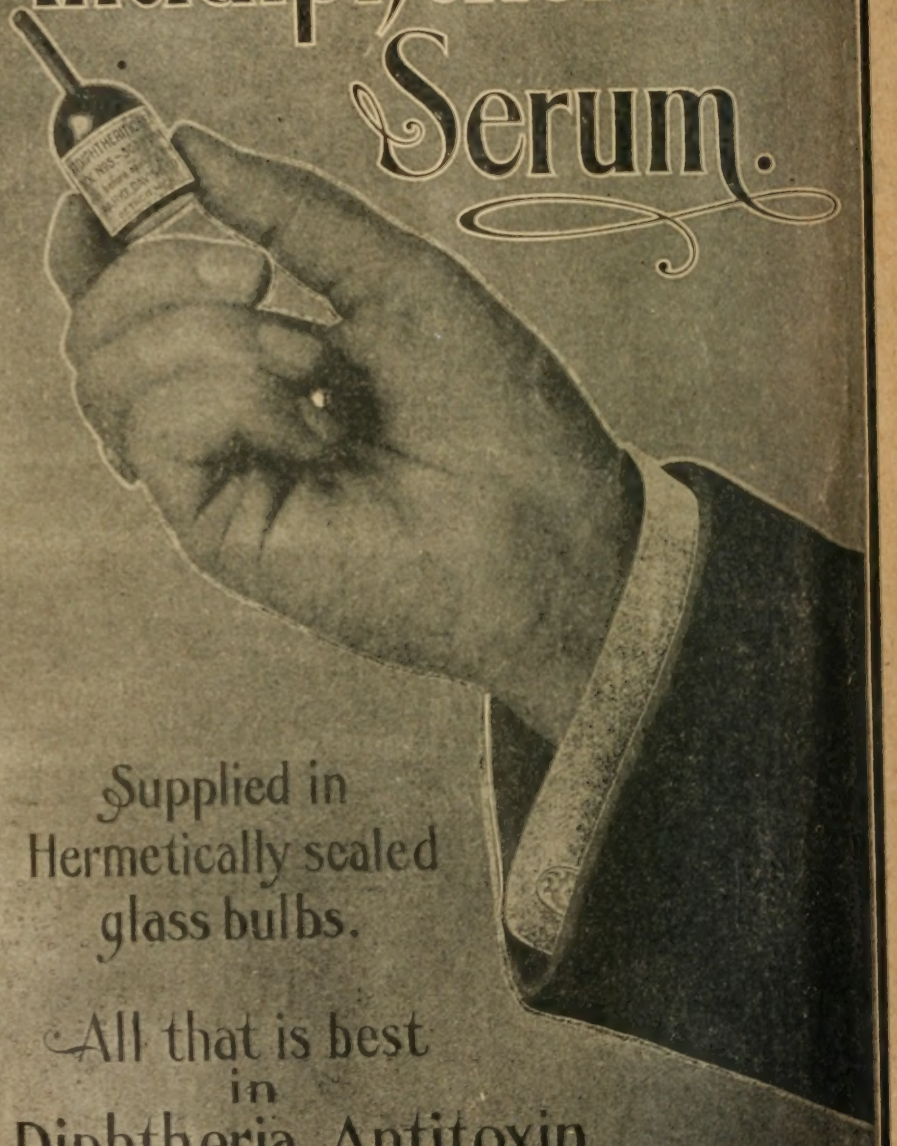

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